

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV -9 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000069851

1. Corporation Name

UNITED HEALTH CARE SOUTH, INC

Principal Place of Business

Mailing Address

7223 Coral Way, Miami, FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8-12-97

5. FEI Number

65-0773398

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	RAQUEL L. MEDINA	7223 Coral Way	Miami, FL 33155

000002683850--8  
-11/10/98-01011-001  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAQUEL L. MEDINA  
7223 Coral Way  
Miami, FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Raquel Medina*  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

UNITED HEALTH CARE SOUTH, INC.  
document no. P97000069851

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR \$150.00 TO COVER THIS YEARS  
1998 ANNUAL REPORT. I NEVER RECIEVED THE ANNUAL REPORT FORM DO TO  
A CHANGE OF MAILING AND PRINCIPAL ADDRESS. I DID NOTIFY YOUR OFFICE  
OF THIS CHANGE. PLEASE ACCEPT THIS CHECK TO COVER THE 1998 ANNUAL  
REPORT. IF YOU SHOULD HAVE ANY QUESTION DON'T HESITATE TO CONTACT ME  
AND THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION.

CORDIALLY YOURS,  
RAQUEL MEDINA  
PRESIDENT

FILED  
98 NOV -9 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA